



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/630,241
Applicants: Roger BLOT, et al.
Filed: July 30, 2003
Title: SYSTEM AND METHOD FOR IMPROVING THE
PRODUCTIVITY OF A WELDING SHOP
TC/A.U.: 1725
Examiner: Clifford C. Shaw
Docket No.: Serie 5856
Customer No.: 000040582

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action of August 29, 2005, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.



PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/630,241
Filing Date	July 30, 2003
First Named Inventor	Roger BLOT
Art Unit	1725
Examiner Name	Clifford C. Shaw
Attorney Docket Number	Serie 5856

ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement w/Form 1449	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/Req's/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Air Liquide		
Signature			
Printed name	Linda K. Russell		
Date	October 31, 2005	Reg. No.	34,918

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Diana Guzman	Date	October 31, 2005

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APR '00

FEE TRANSMITTAL
For FY 2005

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective April 2004.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete If Known

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First Named Inventor	Roger Blot
Examiner Name	Clifford C. Shaw
Art Unit	1725
Attorney Docket No.	Serie 5856

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 01-1375 Deposit Account Name: American Air Liquide, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

360 180

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
27	- 27 = 0	x 50	= 0			
	HP = highest number of total claims paid for, if greater than 20					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
2	- 3 = 0	x 200	= 0			
	HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 34,918	Telephone (713) 624-8956
Name (Print/Type)	Linda K. Russell	Date	October 31, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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